

### DEPARTMENT OF THE AIR FORCE 59TH MEDICAL WING (AETC) JOINT BASE SAN ANTONIO - LACKLAND TEXAS



9 MAR 2017

MEMORANDUM FOR 959 CSPS

ATTN: CAPT JANELLE GYORFFY

FROM: 59 MDW/SGVU

SUBJECT: Professional Presentation Approval

- Your paper, entitled <u>Quality Improvement Poster</u> presented at/published to <u>Improving Outpatient Recognition of VTE in the Ambulatory Setting (Poster) & American College of Physicians Internal Medicine Meeting, San Diego, CA, 30 March 1 April <u>2017 (Presentation)</u> in accordance with MDWI 41-108, has been approved and assigned local file #17063.
  </u>
- 2. Pertinent biographic information (name of author(s), title, etc.) has been entered into our computer file. Please advise us (by phone or mail) that your presentation was given. At that time, we will need the date (month, day and year) along with the location of your presentation. It is important to update this information so that we can provide quality support for you, your department, and the Medical Center commander. This information is used to document the scholarly activities of our professional staff and students, which is an essential component of Wilford Hall Ambulatory Surgical Center (WHASC) internship and residency programs.
- 3. Please know that if you are a Graduate Health Sciences Education student and your department has told you they cannot fund your publication, the 59th Clinical Research Division may pay for your basic journal publishing charges (to include costs for tables and black and white photos). We cannot pay for reprints. If you are a 59 MDW staff member, we can forward your request for funds to the designated Wing POC at the Chief Scientist's Office, Ms. Alice Houy, office phone: 210-292-8029; email address: alice.houy.civ@mail.mil.
- Congratulations, and thank you for your efforts and time. Your contributions are vital to the medical mission. We look forward to assisting you in your future publication/presentation efforts.

LINDA STEEL-GOODWIN, Col, USAF, BSC Director, Clinical Investigations & Research Support

Linda Steel-Goodwin

#### PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS

#### INSTRUCTIONS

#### USE ONLY THE MOST CURRENT 59 MDW FORM 3039 LOCATED ON AF E-PUBLISHING

- 1. The author must complete page two of this form:
  - a. In Section 2, add the funding source for your study [e.g., 59 MDW CRD Graduate Health Sciences Education (GHSE) (SG5 O&M); SG5 R&D; Tri-Service Nursing Research Program (TSNRP); Defense Medical Research & Development Program (DMRDP); NIH; Congressionally Directed Medical Research Program (CDMRP); Grants; etc.]
  - In Section 2, there may be funding available for journal costs, if your department is not paying for figures, tables or photographs for your publication.
     Please state "YES" or "NO" in Section 2 of the form, if you need publication funding support.
- 2. Print your name, rank/grade, sign and date the form in the author's signature block or use an electronic signature.
- Attach a copy of the 59 MDW IRB or IACUC approval letter for the research related study. If this is a technical publication/presentation, state the type (e.g. case report, QA/QI study, program evaluation study, informational report/briefing, etc.) in the "Protocol Title" box.
- 4. Attach a copy of your abstract, paper, poster and other supporting documentation.
- Save and forward, via email, the processing form and all supporting documentation to your unit commander, program director or immediate supervisor for review/approval.
- On page 2, have either your unit commander, program director or immediate supervisor;
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- 7. Submit your completed form and all supporting documentation to the CRD for processing (59crdpubspres@us.af.mil). This should be accomplished no later than 30 days before final clearance is required to publish/present your materials. If you have any questions or concerns, please contact the 59 CRD/Publications and Presentations Section at 292-7141 for assistance.
- The 59 CRD/Publications and Presentations Section will route the request form to clinical investigations, 502 ISG/JAC (Ethics Review) and Public Affairs
  (59 MDW/PA) for review and then forward you a final letter of approval or disapproval.
- Once your manuscript, poster or presentation has been approved for a one-time public release, you may proceed with your publication or presentation submission activities, as stated on this form. Note: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.
- 10. If your manuscript is accepted for scientific publication, please contact the 59 CRD/Publications and Presentations Section at 292-7141. This information is reported to the 59 MDW/CC. All medical research or technical information publications/presentations must be reported to the Defense Technical Information Center (DITC). See 59 MDWI 41-108, Presentation and Publication of Medical and Technical Papers, for additional information.
- 11. The Joint Ethics Regulation (JER) DoD 5500.07-R, Standards of Conduct, provides standards of ethical conduct for all DoD personnel and their interactions with other non-DoD entities, organizations, societies, conferences, etc. Part of the Form 3039 review and approval process includes a legal ethics review to address any potential conflicts related to DoD personnel participating in non-DoD sponsored conferences, professional meetings, publication/presentation disclosures to domestic and foreign audiences, DoD personnel accepting non-DoD contributions, awards, honoraria, gifts, etc. The specific circumstances for your presentation will determine whether a legal review is necessary. If you (as the author) or your supervisor check "NO" in block 17 of the Form 3039, your research or technical documents will not be forwarded to the 502 ISG/JAC legal office for an ethics review. To assist you in making this decision about whether to request a legal review, the following examples are provided as a guideline:

For presentations before professional societies and like organizations, the 59 MDW Public Affairs Office (PAO) will provide the needed review to ensure proper disclaimers are included and the subject matter of the presentation does not create any cause for DoD concern.

If the sponsor of a conference or meeting is a DoD entity, an ethics review of your presentation is not required, since the DoD entity is responsible to obtain all approvals for the event.

If the sponsor of a conference or meeting is a non-DoD commercial entity or an entity seeking to do business with the government, then your presentation should have an ethics review.

If your travel is being paid for (in whole or in part) by a non-Federal entity (someone other than the government), a legal ethics review is needed. These requests for legal review should come through the 59 MDW Gifts and Grants Office to 502 ISG/JAC.

If you are receiving an honorarium or payment for speaking, a legal ethics review is required.

If you (as the author) or your supervisor check "YES" in block 17 of the Form 3039, your research or technical documents will be forwarded simultaneously to the 502 ISG/JAC legal office and PAO for review to help reduce turn-around time. If you have any questions regarding legal reviews, please contact the legal office at (210) 671-5795/3365, DSN 473.

- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement:
  - "The views expressed are those of the [author(s)] [presenter(s)] and do not reflect the official views or policy of the Department of Defense or its Components"
- NOTE: All abstracts, papers, posters, etc., should contain the following disclaimer statement for research involving humans:
  - "The voluntary, fully informed consent of the subjects used in this research was obtained as required by 32 CFR 219 and DODI 3216.02\_AFI 40-402."
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  - "The experiments reported herein were conducted according to the principles set forth in the National Institute of Health Publication No. 80-23, Guide for the Care and Use of Laboratory Animals and the Animal Welfare Act of 1966, as amended."

PROCESSING OF PROFESSIONAL MEDICAL RESEARCH/TECHNICAL PUBLICATIONS/PRESENTATIONS								
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Janelle Gyorff	y, Capt, O3, 959th		X YES □	] NO N	/A			
5. PROTOCOL TITLE: (NOTE: For each new release of medical research or technical information as a publication/presentation, a new 59 MDW Form 3039 must be submitted for review and approval.)								
6. TITLE OF MATERIAL TO BE PUBLISHED OR PRESENTED:								
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11c. POSTER (To be demonstrated at meeting: name of meeting, city, state, and date of meeting.)     Improving Outpatient Recognition of VTE in the Ambulatory Setting								
11d. PLATFORM PRESENTATION (At civilian institutions: name of meeting, state, and date of meting.)     American College of Physicians Internal Medicine Meeting, San Diego, CA March 30-April 1 2017								
11e. OTHER (Describe: name of meeting, city, state, and date of meeting.)								
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☐ YES ☑ NO ASSIGNED FILE # DATE								
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14. 59 MDW PRIMARY POINT OF CONTACT (Last Name, First Name, M.I., email)				15. DUTY PHONE/PAGER NUMBER				
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c. Shapira, Rebecca	Capt, O3	9595 MDG						
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21. APPROVING AUTHORITY'S PRINTED NA Joshua S. Hawley-Molloy, LTC, Program		APPROVING AUTHORITY'S SIGNATURE  23. DATE  January 20, 201		23. DATE January 20, 2017				

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29. COMMENTS APPROVED DISAPPROVED								
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# **Preventing Errors:**

# Improving Recognition of Venous Thromboembolism in the Outpatient Setting



Janelle Gyorffy, Capt, USAF, MC; Lauren Lee, Capt, USAF, MC; Rebecca Schapira, Capt, USAF, MC

### Background

- Three cases of missed venous thromboembolisms (VTEs) with adverse patient outcomes prompted further investigation into contributing factors
- Review of these cases revealed:
  - Failure to recognize VTE risk factors
  - Failure to understand the limitations of laboratory and radiologic studies
  - Failure to communicate between providers
- Recognition and diagnosis of VTEs can be challenging in the outpatient setting and if missed can lead to adverse events

### Methods

- A retrospective EMR review evaluated patients diagnosed with a VTE in the Emergency Department who had visited a military outpatient clinic in the preceding 30 days
- The diagnostic codes for these outpatient visits were collected over 1 year, specifically searching for diagnoses that could be related to VTE or PE (e.g. leg swelling, cellulitis, dyspnea)

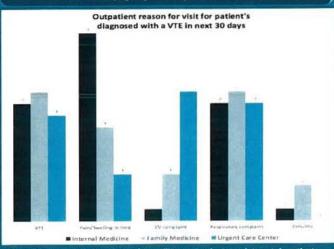


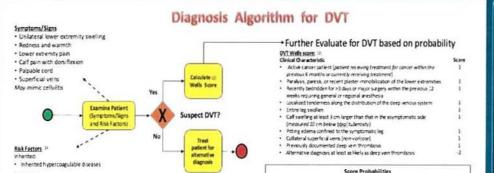
Figure 1: Compilation of diagnoses from military outpatient appointments in patients subsequently diagnosed with a VTE in the next 30 days

#### Results

- 310 patients were identified with a VTE diagnosis who visited an outpatient military provider in the preceding 30 days
- 30 (9%) of these patients were diagnosed with a VTE in the clinic visit (Figure 1)
- 63 (20%) of these patients had a diagnostic code related to a VTE (Figure 1)
- The high number of related diagnoses in the preceding 30 days for patients with confirmed VTE was concerning for possible missed diagnosis

#### Intervention

- A multidisciplinary task force composed of physicians, quality improvement liaisons, and nursing clinical coordinators was created to analyze system limitations and provide ideas to help improve outpatient diagnosis of VTE
- A diagnostic algorithm (Figure 2) was created to focus on:
  - Improving provider suspicion and recognition of VTEs
  - Using a clinical prediction tool to guide evaluation
  - Standardizing communication between the outpatient clinics and Emergency Department
  - . Ensuring appropriate patient follow up



## 1

Acquired

Modifiable.

Smoking

Testo sterone

Glucocorticoids

· Prior history of VTE

· Surgery in past 0-90 days

Hospital admission in past 0-90 days
 Active malignancy in past 5 months

immobilization or extended travel

· Pregnancy or in post-partum period

Hormone replacement therapy Oral and transdermal contraceptives

 Indwelling venous catheters Not fully inclusive Caution! SAMMC and WHASC perform ultrasounds above the popitical fossa, therefore can miss a DVT below the poplitical fossa, if you suspect DVT below the poplitical fossa and an ultrasound is indicated, you must also obtain a D-Dimer.

5 0 : low probability (5%) 1-2: moderate probability (17%) 23: high probability (53%)

\* [D-Dimer + Ultrasound] \*

Follow up Reminder for Moderate or High Probability

Any negative ultrasound but Positive D Olmer regulnes a repeat ultrasound in 7-10 days.

fireferring your pitient to the SAMMC Emergency Room, ensure an appropriate handoff is performed (Doctor-to-Doctor) (SBAR)
(CDB (2)109-916-7111)

[EDR (210) 916-7111]

Services

Finance

to Dimer!

Figure 2: The "Diagnosis Algorithm for DVT" tool was created to improve provider suspicion and diagnosis of VTE in the outpatient

### <u>Future</u>

- The "Diagnosis Algorithm for DVT" tool will be provided to all military outpatient clinics in the San Antonio region
- A formal education session will provide information on use of the algorithm, its limitations, and potential system errors
- The rate of outpatient VTE diagnosis will be reanalyzed after distribution and education of the "Diagnosis Algorithm for DVT" tool to assess for efficacy in improving outpatient diagnosis of VTEs

gure 2: The Diagnosis Algorithm for DVT tool was created to improve provider suspicion and diagnosis of VTE in the outpatient setting